UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address; COMMISSIONER FOR PATENTS

P O Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

#### NOTICE OF ALLOWANCE AND FEE(S) DUE

30449 7590 05/20/2008 SCHMEISER, OLSEN & WATTS 22 CENTURY HILL DRIVE SUITE 302

LATHAM NY 12110

| EXAMINER   |              |  |  |  |  |
|------------|--------------|--|--|--|--|
| VU, HUNG K |              |  |  |  |  |
| ART UNIT   | PAPER NUMBER |  |  |  |  |
| 2811       |              |  |  |  |  |

DATE MAILED: 05/20/2008

| APPLICATION NO.                                  | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |  |
|--------------------------------------------------|-------------|----------------------|---------------------|------------------|--|--|
| 09/939,895                                       | 08/27/2001  | David Paul Agnello   | BU9-98-183-US2      | 4105             |  |  |
| FITE OF INVENTION, A CODALT DISH ICIDE STRUCTURE |             |                      |                     |                  |  |  |

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1440        | \$300               | \$0                  | \$1740           | 08/20/2008 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT AGRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

# Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

| INSTRUCTIONS: This f<br>appropriate. All further co<br>indicated unless corrected<br>maintenance fee notification                                                                                                                                                                                                                                                                                                                                                | form should be used for<br>orrespondence includir<br>below or directed oth<br>ons.                                        | or tran                                       | smitting the ISSU<br>Patent, advance or<br>in Block 1, by (a                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                        |                                                |                                                                                                                      | hould be completed where<br>correspondence address as<br>trate "FEE ADDRESS" for                                                                     |
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| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           |                                               |                                                                                                   | p:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Note: A certificate of mailing can only be used for domestic mailings of the<br>Fee(s) Transmittal. This certificate cannot be used for any other accompanying<br>papers. Each additional paper, such as an assignment or formal drawing, must<br>have its own certificate of mailing or transmission. |                                                |                                                                                                                      |                                                                                                                                                      |
| 30449                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7590 05/20                                                                                                                | /2008                                         |                                                                                                   | 11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                        |                                                | e of Mailing or Trans                                                                                                |                                                                                                                                                      |
| 22 CENTURY HI<br>SUITE 302                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                           | ΓS                                            |                                                                                                   | I<br>S<br>ar<br>tr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | haraby cartify that the                                                                                                                                                                                                                                                                                | rie Eant                                       | (c) Transmittal is bain                                                                                              | g deposited with the United<br>st class mail in an envelope<br>above, or being facsimile<br>ate indicated below.                                     |
| LATHAM, NY 12                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2110                                                                                                                      |                                               |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                        |                                                |                                                                                                                      | (Depositor's name)                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           |                                               |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                        |                                                |                                                                                                                      | (Signature)                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           |                                               |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                        |                                                |                                                                                                                      | (Date)                                                                                                                                               |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FILING DATE                                                                                                               |                                               |                                                                                                   | FIRST NAMED INVENTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OR .                                                                                                                                                                                                                                                                                                   | ATTO                                           | ORNEY DOCKET NO.                                                                                                     | CONFIRMATION NO.                                                                                                                                     |
| 09/939,895                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 08/27/2001                                                                                                                |                                               |                                                                                                   | David Paul Agnello                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                        | В                                              | U9-98-183-US2                                                                                                        | 4105                                                                                                                                                 |
| TITLE OF INVENTION:                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                           |                                               |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                        |                                                |                                                                                                                      |                                                                                                                                                      |
| APPLN, TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SMALL ENTITY                                                                                                              | IS:                                           | SUE FEE DUE                                                                                       | PUBLICATION FEE DU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | E PREV. PAID ISSU                                                                                                                                                                                                                                                                                      | E PEE                                          | TOTAL FEE(S) DUE                                                                                                     | DATE DUE                                                                                                                                             |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NO                                                                                                                        |                                               | \$1440                                                                                            | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$0                                                                                                                                                                                                                                                                                                    |                                                | \$1740                                                                                                               | 08/20/2008                                                                                                                                           |
| EXAMIN                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VER                                                                                                                       |                                               | ART UNIT                                                                                          | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7                                                                                                                                                                                                                                                                                                      |                                                |                                                                                                                      |                                                                                                                                                      |
| VU, HU                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NG K                                                                                                                      |                                               | 2811                                                                                              | 257-412000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _                                                                                                                                                                                                                                                                                                      |                                                |                                                                                                                      |                                                                                                                                                      |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  Change of correspondence address for Change of Correspondence Address for IPOSB/122) attached.  The Address form IPOSB/122) attached.  PTOSB/147: Rev 0.502 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON DIFFERENCE Laboratory is indication for PRINTED ON DIFFERENCE Laboratory in the IPOSB/147. |                                                                                                                           |                                               | Correspondence ation form e of a Customer E PRINTED ON                                            | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agent. If no name is 1. The patent of the p |                                                                                                                                                                                                                                                                                                        |                                                |                                                                                                                      |                                                                                                                                                      |
| (A) NAME OF ASSIG                                                                                                                                                                                                                                                                                                                                                                                                                                                | NEE                                                                                                                       |                                               |                                                                                                   | (B) RESIDENCE: (CI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TY and STATE OR                                                                                                                                                                                                                                                                                        | COUN                                           | TRY)                                                                                                                 | oup entity 🚨 Government                                                                                                                              |
| 4a. The following fee(s) are submitted:    Issue Fee   Publication Fee (No small entity discount permitted)   Advance Order - # of Copies                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |                                               |                                                                                                   | o. Payment of Fee(s): (P A check is enclosed Payment by credit of The Director is here overpayment, to De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | i.<br>ard. Form PTO-203                                                                                                                                                                                                                                                                                | 8 is att                                       | ached.                                                                                                               |                                                                                                                                                      |
| 5. Change in Entity Statu                                                                                                                                                                                                                                                                                                                                                                                                                                        | SMALL ENTITY state                                                                                                        | ıs. See                                       | 37 CFR 1.27.                                                                                      | ☐ b. Applicant is no l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                        |                                                |                                                                                                                      |                                                                                                                                                      |
| NOTE: The Issue Fee and<br>interest as shown by the re                                                                                                                                                                                                                                                                                                                                                                                                           | Publication Fee (if req<br>cords of the United Sta                                                                        | uired) v<br>ites Pate                         | vill not be accepted<br>ent and Trademark                                                         | d from anyone other tha<br>: Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | the applicant; a reg                                                                                                                                                                                                                                                                                   | istered                                        | attorney or agent; or th                                                                                             | ne assignee or other party in                                                                                                                        |
| Authorized Signature _                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                           |                                               |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                                                                                                                                                                                                                                                                   |                                                |                                                                                                                      |                                                                                                                                                      |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           |                                               |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                        |                                                |                                                                                                                      |                                                                                                                                                      |
| This collection of informat<br>an application. Confidentic<br>submitting the completed<br>this form and/or suggestion<br>Box 1450, Alexandria, Vir<br>Alexandria, Virginia 2231                                                                                                                                                                                                                                                                                  | tion is required by 37 Cality is governed by 35 application form to the sor reducing this burginia 22313-1450. DC 3-1450. | FR 1.3<br>U.S.C.<br>USPT<br>rden, sh<br>O NOT | 11. The informatic<br>122 and 37 CFR<br>O. Time will vary<br>tould be sent to the<br>SEND FEES OR | on is required to obtain of<br>1.14. This collection is<br>depending upon the in-<br>e Chief Information Off<br>COMPLETED FORMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r retain a benefit by<br>estimated to take 12<br>lividual case. Any c<br>icer, U.S. Patent and<br>TO THIS ADDRES                                                                                                                                                                                       | the pub<br>minute<br>ommen<br>Trader<br>S. SEN | olic which is to file (and is to complete, including to on the amount of timark Office, U.S. Dep ID TO: Commissioner | d by the USPTO to process)<br>ag gathering, preparing, and<br>me you require to complete<br>artment of Commerce, P.O.<br>for Patents, P.O. Box 1450, |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.



# UNITED STATES PATENT AND TRADEMARK OFFICE

#### UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS

COMMISSIONER FOR PATENTS P O Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.               | FILING DATE     | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.             | CONFIRMATION NO. |  |
|-------------------------------|-----------------|----------------------|---------------------------------|------------------|--|
| 09/939,895                    | 08/27/2001      | David Paul Agnello   | BU9-98-183-US2                  | 4105             |  |
| 30449                         | 7590 05/20/2008 | EXAMINER             |                                 |                  |  |
| SCHMEISER,                    | OLSEN & WATTS   | VU, HUNG K           |                                 |                  |  |
| 22 CENTURY HILL DRIVE         |                 |                      | ART UNIT                        | PAPER NUMBER     |  |
| SUITE 302<br>LATHAM, NY 12110 |                 |                      | 2811<br>DATE MAILED: 05/20/2008 |                  |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 930 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 930 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.

# Notice of Allowability

| Application No. | Applicant(s)   |  |
|-----------------|----------------|--|
| 09/939,895      | AGNELLO ET AL. |  |
| Examiner        | Art Unit       |  |
| HUNG VII        | 2811           |  |

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address--All claims being allowable, PROSECUTION ON THE MERITS IS (OR REMAINS) CLOSED in this application. If not included herewith (or previously mailed), a Notice of Allowance (PTOL-85) or other appropriate communication will be mailed in due course. THIS NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGHTS. This application is subject to withdrawal from issue at the initiative of the Office or upon petition by the applicant. See 37 CFR 1.313 and MPEP 1308.

- This communication is responsive to 11/29/06.
- The allowed claim(s) is/are 27,33,34 and 39-44.
- Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
  - b) ☐ Some\* c) ☐ None of the: a)  $\square$  All
    - 1. 

      Certified copies of the priority documents have been received.
    - 2. Certified copies of the priority documents have been received in Application No.
    - 3. Copies of the certified copies of the priority documents have been received in this national stage application from the International Bureau (PCT Rule 17.2(a)).
  - \* Certified copies not received:

Applicant has THREE MONTHS FROM THE "MAILING DATE" of this communication to file a reply complying with the requirements noted below. Failure to timely comply will result in ABANDONMENT of this application. THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.

- A SUBSTITUTE OATH OR DECLARATION must be submitted. Note the attached EXAMINER'S AMENDMENT or NOTICE OF INFORMAL PATENT APPLICATION (PTO-152) which gives reason(s) why the oath or declaration is deficient.
- CORRECTED DRAWINGS (as "replacement sheets") must be submitted.
  - (a) Including changes required by the Notice of Draftsperson's Patent Drawing Review (PTO-948) attached
  - 1) hereto or 2) to Paper No./Mail Date (b) I including changes required by the attached Examiner's Amendment / Comment or in the Office action of
  - Identifying indicia such as the application number (see 37 CFR 1.84(c)) should be written on the drawings in the front (not the back) of

each sheet. Replacement sheet(s) should be labeled as such in the header according to 37 CFR 1.121(d).

6. 

DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGICAL MATERIAL must be submitted. Note the attached Examiner's comment regarding REQUIREMENT FOR THE DEPOSIT OF BIOLOGICAL MATERIAL.

# Attachment(s)

- 1. Notice of References Cited (PTO-892)
- Notice of Draftperson's Patent Drawing Review (PTO-948)
- Information Disclosure Statements (PTO/SB/08). Paper No./Mail Date
- 4. ☐ Examiner's Comment Regarding Requirement for Deposit of Biological Material
- 5. Notice of Informal Patent Application
- Interview Summary (PTO-413), Paper No./Mail Date
- 7. X Examiner's Amendment/Comment
- 8. X Examiner's Statement of Reasons for Allowance
- 9. ☐ Other .

/Huna Vu/ Primary Examiner, Art Unit 2811 Application/Control Number: 09/939,895 Page 2

Art Unit: 2811

### Examiner's Amendment

 This application is in condition for allowance except for the presence of claims 28-31 and 35-38 directed to Invention non-elected without traverse. Accordingly, claims 28-31 and 35-38 have been cancelled.

## Allowable Subject Matter

The following is an examiner's statement of reasons for allowance:

Applicant's claims 27, 33, 34 and 39-44 are allowable for the reasons set forth on pages 5-12 of the decision of the Board of Patent Appeals and Interferences, which is hereby incorporated by reference. As noted therein, as argued on pages 5-9 of Appellant's brief, the claimed invention requires the layer of cobalt distlicide being in contact with a reagent comprising water, ammonium hydroxide, and hydrogen peroxide whereas the closest prior art does not teach or suggest the claimed invention.

Any comments considered necessary by applicant must be submitted no later than the payment of the issue fee and, to avoid processing delays, should preferably accompany the issue fee. Such submissions should be clearly labeled "Comments on Statement of Reasons for Allowance."

Application/Control Number: 09/939,895 Page 3

Art Unit: 2811

Conclusion

3. Any inquiry concerning this communication or earlier communications from the

examiner should be directed to Hung Vu whose telephone number is (571) 272-1666. The

examiner can normally be reached on Monday to Thursday 6:00-4:30.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, Lynne A. Gurley can be reached on (571) 272 - 1670. The fax phone number for the

organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent

Application Information Retrieval (PAIR) system. Status information for published applications

may be obtained from either Private PAIR or Public PAIR. Status information for unpublished

applications is available through Private PAIR only. For more information about the PAIR

system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR

system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would

like assistance from a USPTO Customer Service Representative or access to the automated

information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

Vu

May 13, 2008

/Hung Vu/

Primary Examiner